Foster Family Home - Corrective Action Report

Provider ID:

1-140067

Home Name:

Ellen Grace Ruiz, NA

Review ID:

1-140067-8

94-465 Pilimai Street

Reviewer:

Pamela Perry

Waipahu

HI 96797 Begin Date:

7/14/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Unannounced vsit made on 7/14/2020 for a 2 bed CCFFH Recertification Inspection. Home issued a Corrective Action Plan during visit with all items due back to CTA by 8/14/2020.

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1)

Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2)

Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)- CG#1 Last eCrim 4/15/16; CG#4 Last 10/9/17

8.(a)(2)- CG#1 Last APS/CAN 10/14/15; CG#4 10/9/17

Compliance Manager

Page 1 of 1

7/14/2020 23:13 PM

CTA FN Compliance Manager: Terri Van Houten RN

Community Care Foster Family Home (CCFFH) Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate: EII-En Grace Ruiz

CCFFH Address: 94-465 Pilimai St. Waipahy. HI 96747

(PLEASE PRINT)

Rule Number	The section sach violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.a-	2020 ecrim obtained. It was paced into home record.		Home will mark all of the expiration credentials on a wall calendar for all CGs renewal and will be cions at least 4 week before due date to prevent future lapses
	CG#1, CG# 4 2020 APS/CAN Obtained. IT Was Placed into nome record.	C Y	Home Will Mark all Of the Expiration Predentials on a wall Calendar for all CGs renewall and will be done at least U weeks Deflore due date to revent future lapses.
All iter CG's Signa	ns that were fixed are attached to this CAF	3	9/24/20

Date: 9/24/120

CrA has reviewed all corrected items